

NATHANIEL L. A. COLLINS 13-A-4944  
SULLIVAN C.F.  
P.O. Box 116  
Fallsburg, New York 12733 14W4533

July 29, 2014

RE: I'm Confused Because  
I've already submitted  
the USM-285 Forms  
~~now~~ what I must do

United States District Court  
Southern District of New York  
500 Pearl St (Rm 230)  
PRO SE INTAKE Unit

Per Clerk of the Court

AUG - 6 2014

PRO SE OFFICE

I'm Confused Because I've already submitted the  
USM-285 Forms to the office now I've submitted  
these same forms now can you please explain the  
Rule Civil local 33.2 Because I have no way  
to get to our computer for forms what I must do  
now if I submit these Motions to the Court Clerk  
LOCAL CIVIL Rule 33.2 INTERROGATORIES AND REQUESTS  
FOR PRODUCTION OF DOCUMENTS you stated within 120 days  
of date 7/23/14 PLEASE Explain

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-cv-4533 (KMK)
DEFENDANT	C.O. Foldvick		TYPE OF PROCESS	Summons / Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN C.O. Foldvick ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1 Down State C.F. Box F Red School House Rd Fallsburg NY 12734			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 13A 4944 Sullivan C.F. P.O. Box 116 Fallsburg New York 12733			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer works in the Clinic  
On 3-11 Shift

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 11/13

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel Collins		COURT CASE NUMBER	14-CV-4533 (KMK)
DEFENDANT	C.O. ANTONGIOR		TYPE OF PROCESS	Summons/Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	C.O. ANTONGIOR			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	Downstate C.F. Box Red School House Rd Fishkill NY 12524			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 13-A-4944			Number of parties to be served in this case	
SULLIVAN C.F. P.O. Box 116			Check for service on U.S.A.	
Fallsburg, New York 12733				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer work - B Complex  
on 3-11 Shift.

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* on (Amount of Refund)
					\$0.00

REMARKS:

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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Rev. 11/13

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel L. R. Collins		COURT CASE NUMBER	14-CV-4533(KMK)
DEFENDANT	C.O. Reyes		TYPE OF PROCESS	Summons/Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	C.O. Reyes			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	100 West 1st St. P.O. Box 116 Red Hook (House R.) Fishkill NY 12524			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel L. R. Collins 13A 4444			Number of parties to be served in this case	
SULLIVAN C.F. P.O. Box 116			Check for service on U.S.A.	
Falls Burg, NY 12733				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer works the 3-11-Shift

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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Rev 11/13

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-CV-4533 (KMK)
DEFENDANT	C.O. SANTIAGO		TYPE OF PROCESS	Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
SERVE AT	C.O. SANTIAGO			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
11000 STATE ST. Box F Red School House Rd Fallsburg NY 12734				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 194444			Number of parties to be served in this case	
Sullivan CF P.O. Box 116			Check for service on U.S.A.	
Fallsburg, New York 12733				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer works this 3-11 shift

Fold

Signature of Attorney other Originator requesting service on behalf of: ☐ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed by U.S. Marshal* or (Amount of Return*)
					\$0.00

REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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Rev. 11/13



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-CV-4533 (KMK)
DEFENDANT	Sgt. Scott		TYPE OF PROCESS	Summons / Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
SERVE AT	Sgt. Scott			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
JOHN STATE C.F. Box F Red School (House RI) Fishkill NY 12524				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 13-A 4944			Number of parties to be served in this case	
Sullivan Cir. P.O. Box 116			Check for service on U.S.A.	
Falkburg, N.Y. 12733				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer work 3-11 Shift

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount paid to U.S. Marshal for (Amount of Retainer)
					\$0.00

REMARKS:

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-cv-4533(KMK)
DEFENDANT	C.O. GOMMONR		TYPE OF PROCESS	SUMMONS / Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	C.O. GOMMONR			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	1100 STATE ST. Box F Red School House Rd Fishkill NY 12524			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 13 A 4944 SULLIVAN CT. P.O. Box 116 Fallsburg, New York 12733			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Retainer)
					\$0.00

REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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Rev. 11/13

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	NATHANIEL R. COLLINS		COURT CASE NUMBER	14-CV-4533
DEFENDANT	C.O. CHILDRESS		TYPE OF PROCESS	SUMMONS/COMPLAINTS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	C.O. CHILDRESS			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
New State Ct Box F Preschool (House R.) Fishkill NY 12524				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
NATHANIEL R. COLLINS 13A 4444 SULLIVAN C.T. P.O. Box 116 Fallsburg, New York 12733			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This officer work: the  
3-11 shift

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

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	No. _____	No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Retard*)
					\$0.00

REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
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3. NOTICE OF SERVICE
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Rev. 11/13



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-CV-4533 (KMK)
DEFENDANT	R. N. Nulse S. Langford		TYPE OF PROCESS	Summons/Complaints
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	1 JOURNAL STATE CT Box F Red School House Rd Fishkill NY 12524			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
Nathaniel R. Collins 13A 4944			Number of parties to be served in this case	
Sullivan M. C. F. P.O. Box 116			Check for service on U.S.A.	
Falls Burg, New York 12733				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

This nurse works the Clinic one  
3-11 shift

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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Rev. 11/13

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Nathaniel R. Collins</i>	COURT CASE NUMBER	<i>14-CV-4533 (KMK)</i>
DEFENDANT	<i>C.O. Morris</i>	TYPE OF PROCESS	<i>Summons / Complaints</i>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	<i>C.O. Morris</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<i>1 Downstate C.F. Box F Red School House Rd Fallsburg, NY 12734</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<i>Nathaniel R. Collins 13A 4944</i>		Number of parties to be served in this case	
<i>SULLIVAN C.F. PO. Box 116</i>		Check for service on U.S.A.	
<i>Fallsburg, New York 12733</i>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*This officer works the 3-11 shift*

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund)
					<b>\$0.00</b>

REMARKS.

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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Form USM-285  
Rev. 11/13

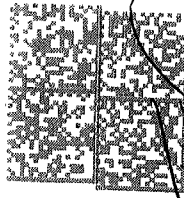
SULLIVAN CORRECTIONAL FACILITY

P.O. BOX 116

FALLSBURG, NEW YORK 12733-0116

NAME: Matthew L Collins DIN: 13-A-4944

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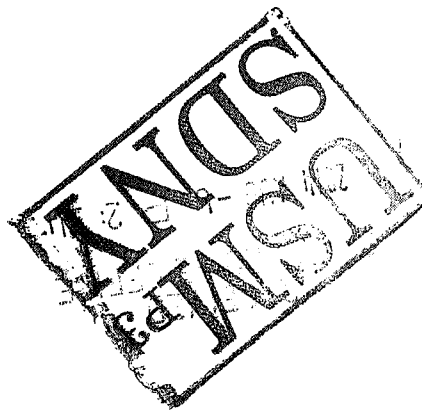
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